

Appendix D

Completing the Limited Request for Recognition Form

The purpose of the “*Limited Request for Recognition*” form is to advise the Idaho state EMS office that you have established a medical unit within its jurisdiction, and you are identifying out-of-state certified EMS personnel who are going to be rendering care for a limited period of time. This form does not provide certification/licensure reciprocity. It only notifies authorities of the presence of out-of-state EMS resources.

A new form must be completed for each resource as they move from incident to incident within that state or if they travel to another state. Remember, too, that advanced life support (ALS) care rendered requires in-jurisdiction medical direction. The Idaho State EMS office may be able to help you with this.

To locate any state EMS office, click on the NWCG Emergency Medical Support Group (EMSG) web site (www.nwcg.gov/teams/shwt/emsg/index.htm) and go to the National Association of State EMS Officers (NASEMSO) web site link. The NASEMSO web address is: www.nasemso.org. Select NASEMSO Members and scroll down to find each state EMS office.

The National Registry of Emergency Medical Technicians also has a web site that will provide you with the correct state EMS contact information. The NREMT web address is: www.nremt.org

Both websites may offer additional important and helpful information to you about the area EMS facilities and services in completing the *Incident Medical Unit Plan* (ICS 206). Additional links are expected to be added.

It is the responsibility of the Medical Unit Leader (or the Incident Medical Specialist Manager or Alaska Firemedic Manager, if so designated) to complete the Limited Request for Recognition form.

STATE OF IDAHO ~ EMS BUREAU
LIMITED REQUEST FOR RECOGNITION

(Print or type all information. Use additional forms as necessary)

MEDL/IMSMs are responsible for reporting all arriving out of state EMS personnel resources within 24 hours to the Idaho EMS office. Fax to 208-334-4015 or e-mail to newtont@idhw.state.id.us



Authorization for recognition is requested for the following emergency medical personnel assigned to the _____ incident. The identified personnel will provide emergency medical and health care services for incident personnel. It is anticipated that they may be providing these services for up to 21 days from the date of this notification.

1.	_____	_____	_____	_____	<input type="checkbox"/>
	Full Name	Cert/Lic. Level	State	Cert/Lic Number	
2.	_____	_____	_____	_____	<input type="checkbox"/>
	Full Name	Cert/Lic. Level	State	Cert/Lic Number	
3.	_____	_____	_____	_____	<input type="checkbox"/>
	Full Name	Cert/Lic. Level	State	Cert/Lic Number	
4.	_____	_____	_____	_____	<input type="checkbox"/>
	Full Name	Cert/Lic. Level	State	Cert/Lic Number	
5.	_____	_____	_____	_____	<input type="checkbox"/>
	Full Name	Cert/Lic. Level	State	Cert/Lic Number	
6.	_____	_____	_____	_____	<input type="checkbox"/>
	Full Name	Cert/Lic. Level	State	Cert/Lic Number	

The above individual(s) will be assigned starting on _____.

The location of the incident is: _____.

The primary agency/unit jurisdictional authority is: _____.

I attest that I have physically examined the certifications/licenses of the above individuals.

 Medical Unit Leader-Print

(_____) _____ Telephone Number

(_____) _____ Fax Number

Medical Unit Leader-Signature _____ Date _____

State EMS approval _____ Date _____



IDAHO DEPARTMENT OF
HEALTH & WELFARE

NWCG/Idaho EMS Policy

Scope of Practice

1. The Medical Unit Leader (MUL) will assure that the provider performs under the current scope of practice they work under in their home state and that the provider submits written protocol to the MUL,

or

2. The MUL will assure that the provider performs under the current scope of practice utilized by the state in which the event is located,

or

3. The provider will work under the national scope of practice authorized by the NWCG corresponding to the level at which they are certified.

Administrative Contact

1. The MUL or designee will contact the State regulatory agency in charge of EMS. The MUL or designee will advise the State agency of the following:

- a. Location of event.
- b. Names of providers present.
- c. Level of care provided.

2. The MUL will ensure a "Limited Request for Recognition" form is completed for all providers. This form will then be faxed to the state EMS office where the provider(s) is/are functioning as EMS providers.

3. If care is provided in more than one state, each State regulatory agency in charge of EMS must be notified.

Communications

1. The medical camp will have the ability to maintain contact with their medical personnel within the event.

2. The medical camp will secure communications that are capable of transmitting to the appropriate medical facilities as well as the local emergency communications center.

- a. The MUL should liaison with the local EMS agency to gain frequency information.
- b. Cellular or satellite technology are acceptable forms of communications.

Medical Direction

1. The MUL will document that access to licensed physician oversight with an on-line contact for medical direction is available.

2. The MUL will assure that each provider has access to and is familiar with written standing orders that are appropriate to the provider's certification level and are approved by a licensed physician.

3. It is the responsibility of the designated medical director to comply with any licensing requirements in the state in which the physician is practicing medicine.

Facilities

1. The MUL or designee will be responsible for knowing the location of the following medical facilities:

- a. local clinic or hospital
- b. tertiary care facility
- c. local specialty referral center(s) (e.g., trauma center, burn center)

(The State or local EMS authority should be able to supply contact information for these facilities.)

Personnel Credentials

1. The provider of emergency medical care at a fire incident will provide to the medical unit leader a current certification card from a state EMS certifying agency.
2. The medical unit leader will verify the provider has a current certification at or above the level requested.
3. The MUL will ensure a "Limited Service Request" form is completed for all providers. This form will then be faxed to the state EMS office where the provider(s) is/are functioning as EMS providers.

Equipment

1. The MUL will ensure that the patient care equipment meets or exceeds the standards set in the minimum equipment list designated by the NWCG.
2. The MUL will be responsible for the ordering of the correct size kit to treat the minimum number of patients corresponding to the size of the event.
3. The MUL will ensure that the minimum equipment is present to correspond with the protocols set forth in writing by the medical director in charge of the event.
4. The equipment must meet the minimum standards of the State/Territory in which it is utilized.

Transportation

1. The MUL or designated transportation officer will ensure that the appropriate notification of event to local/regional transportation resource components is accomplished. The transport agency, whether ground or air, must be credentialed as a licensed Idaho EMS agency.
 - a. The MUL or designee will document appropriate ground transportation resources are notified and available.
 - b. The MUL or designee will document appropriate air transportation resources are notified and available.
2. Use of non-EMS aircraft for patient medical transport is discouraged.